DOCUMENT RESUME

ED 307 052 PS 018 001

AUTHOR Ward-Cameron, Kathy
TITLE Establishing an In-House Information and Referral Service at a Corporate On-Site Child Care Center.
PUB DATE 89
NOTE 33p.; Master's Practicum, Nova University.
PUB TYPE Dissertations/Theses - Practicum Papers (043)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Day Care; Early Childhood Education; *Employer Supported Day Care; Fringe Benefits; *Hospitals; *Information Services; *Placement; Program Effectiveness; *Referral
IDENTIFIERS *Temporary Child Care

ABSTRACT

The manager of an on-site corporate child care center located at a medical center in the southeastern United States implemented an in-house information and referral service to assist parents attempting to locate appropriate temporary child care near their homes or work-sites. Medical center employees were given a detailed listing of all child care centers located within a five-mile radius of the hospital and the telephone numbers of two local child care resource and referral agencies from which they could obtain listings of family day care homes and child care centers near their homes. Additional information was provided to help parents select a setting that offered high quality care. Practicum evaluation data indicated that a high percentage of parents requesting assistance from the service found places in alternative child care settings. Related materials are appended, including survey forms. (RH)

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ESTABLISHING AN IN-HOUSE INFORMATION AND REFERRAL SERVICE AT A CORPORATE ON-SITE CHILD CARE CENTER

by

Kathy Ward-Cameron

Cohort 27

A Practicum Report Presented to the National Master's Program for Child Care Administrators in Partial Fulfillment of the Requirements for the degree of Master of Science

NOVA UNIVERSITY

1989

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I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my own work, represented here, will earn similar respect.

_____ _____

Date Kathy Ward-Cameron

ABSTRACT

Establishing an In-House Information and Referral Service at a Corporate On-Site Child Care Center. Cameron, Kathy W., 1989: Practicum Report, Nova University, Master's Program for Child Care Administrators. Descriptors: Information and Referral / Resource and Referral / Corporate Child Care Benefits / Employer Sponsored Child Care / Day Care / Child Care / Family Day Care

The on-site child care center located at a medical center in the southeastern United States was operating at capacity with the names of several children on the waiting list to enter the center. The facility served as a valuable recruitment and retention tool for nurses and medical technologists. However, with the center filled to capacity and with a waiting list so extensive, it could no longer be considered a lure to attract new employees.

The author established and implemented an in-house information and referral service to assist parents in need to locate appropriate temporary child care near their homes or near the work-site while awaiting on-site placement. The service was operated out of the on-site child care center by the author who was the manager of the facility. Employees were provided with a detailed listing of all child care centers located within a five mile radius of the hospital and the telephone numbers of two local child care resource and referral agencies for listings of family day care homes and child care centers near their homes. Additional information for selecting a quality child care setting was also provided.

Surveys indicated a high percentage of those parents requesting assistance from the service were placed in alternative child care settings while awaiting on-site placement. This resulted in more employees being freed from the anxieties felt when trying to decide where to place their children while they work. Appendices include a sample log and sample surveys.

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Chapter 1

BACKGROUND

The setting for this practicum was an on-site corporate child care center located at a medical center in the southeastern United States. The center serves the children of the hospital's employees. It is licensed for 100 children, ages six weeks to five years. At the time of this study there were 110 children enrolled, 25 were part-time students who attended only on weekends or on public school holidays. There was a waiting list of 81, 34 of whom were infants.

The center was started in 1982 with a capacity for 50 children. In 1984 the facility was expanded to house an additional 50 children. The funding for the initial start-up and expansion was provided by a group of civic-minded caring men and women who have provided financial support and volunteered leadership for the medical center. The organization served as a vehicle to involve young professionals in special projects to enhance the quality of patient care, education, and research. At the time of this report the organization was providing funds for the refurbishing of the child care center. Representatives served on the advisory board of the center and played an active roll in planning special events for the children and

their parents. Because of their active involvement in the program, the child care center was named for this very special organization.

There were 20 part-time and full-time employees at the center; a manager, an assistant manager, a secretary/ administrative assistant, five lead teachers, and 12 teacher aides. The author was the manager of the program. As administrator of the child care center, the manager was responsible for the organization, planning, scheduling, and directing of programs for the children and staff. The manager worked cooperatively with all departments within the hospital to provide a comprehensive and coordinated program that, while autonomous, is subtly interwoven within hospital goals and objectives. This individual was often asked to make referrals for alternative child care or to provide information concerning quality child care programs.

The assistant manager operated with the manager in organizing, planning, scheduling, and directing programs. The assistant manager also reviewed weekly lesson plans, oversaw and acted as a resource person in planning and implementing all phases of the curriculum for the child care center.

The secretary/administrative assistant performed diversified secretarial and clerical duties for the center. As custodian of the center's waiting list, the secretary enrolled children into the program as positions became available.

The teachers supervised the activities of the teacher aides and were responsible for the planning and development of curriculum and teaching related activities. The teacher aides assisted teachers in performing teaching and other related activities.

The child care center came under the human resources department of the medical center. The manager reported regularly to the director of the human resources department, who in turn reported to the vice president of the department.

Parents of the children attending the center were primarily middle class professionals who had completed at least two years of college. They included ethnic groups from approximately 20 countries, most being from South and Central America. Employees from all departments of the hospital were represented at the center. Some children had more than one parent who was employed at the medical center. Occupations ranged from nurses to hospital administrators to environmental services workers.

Chapter 2

STUDY OF THE PROBLEM

Problem Statement

There were 2,830 employees at the medical center at the time this report was written. The on-site child care center was licensed for 100 children and had 81 children on the waiting list. The child care center served as a valuable recruitment tool for nurses and medical technologists. Because of the desperate shortage of medical personnel, hospitals count heavily on benefits, such as on-site child care centers, to persuade these professionals to join their ranks. With the child care center filled to capacity and with a waiting list so extensive, it could no longer be considered a lure to attract new employees.

The center also acted as a retention tool for employees. Many times as soon as an employee discovered that a child was expected, the child's name was placed on the child care center waiting list in hopes that there would be a space for the child in the infant area when the employee was ready to return to work from maternity leave of absence. Most of the children on the waiting list were not placed in the center for a year or longer because positions became available only when a child was transferred to another age group or a parent transferred to another hospital. The medical center allowed six months

maternity leave of absence. After that time the employee's position was filled. One employee was unable to find quality child care within that time frame and had to forfeit a position at the medical center to stay at home to care for the infant. In order to serve those employees on the waiting list, a service which could assist in locating quality child care in the local area or areas near the employees home, was needed.

Documentation and Analysis of the Problem

The problem of placing the children of employees in immediate need of child care was evident from the center's waiting list. Students were placed on a first-come-first-served basis. The list was maintained by the administrative assistant who updated the information monthly.

Parents of children on the list were often discouraged to find that it might be several months before their child could be placed in the center. They often expressed their concern in registering their children at centers located far away from the work site and their fear of being unable to find alternative care near the medical center or near their homes.

According to the waiting list 34 infants were in need of care; nine at the date of this writing were unborn. Those who requested care as soon as possible (ASAP) were without care and were in need of alternative care until the

center had space available for them. There were 32 children on the center's waiting list who required care immediately in order for their parents to return to work or because child care arrangements were breaking down.

Literature Review

Child care has reached crisis proportions throughout the United States. Research (Seigle and Lawrence, 1983) shows that by 1982 nine out of ten households with children under age 14 used some form of child care. By 1990:

> Over 10 million children under the age of six will have working mothers (Cook, 1985).
>
> Three million children under the age of ten will be in single parent homes (a 48 percent increase in this decade) (Galinsky and Friedman, 1986).
>
> Sixty six percent of those in the labor force will be women and 80 percent are expected to become pregnant at some time during their work careers (Galinsky and Friedman, 1986).

Dana Friedman (1983: 4) suggests the reliability on child care outside the home stems from the following factors:

> Families are less able to rely on themselves for the daily care of their children due to the increase of mothers in the work force.
>
> A trend for families to have fewer children means there are fewer older siblings to take care of the younger children.
>
> Relatives are less able to help care for children because of family mobility or their own economic need to work.

Resources to assist working mothers are decreasing as the need for child care increases. In 1985, 900,000 slots were available in licensed child care centers, less than

ten percent of positions needed. Because of this continuing shortage, only one in eight children attend licensed child care facilities.

Even if space is available in existing child care centers, parents often don't have the resources to locate available care. As cited by Friedman (1983: 12), in the study conducted by Project Connections in 1980, Ed Zigler stated, "A major problem with day care is the lack of centralized information to help parents locate existing day care services." In another study (Galinsky and Friedman, 1986) 75 percent of the women and 57 percent of the men surveyed found it difficult to find child care.

In a 1986 report on quality child care for American Telephone and Telegraph (AT&T), Galinsky and Friedman (1986: 3,4) relate that in studies on working parents the following facts were revealed:

> When children are in out-of-home care, parents may need to miss work. A study by Portland State University of 8,121 employees in Portland, Oregon, found that working mothers bore most of the responsibility for staying home with a sick child or when the child care arrangements fell apart and thus were absent more frequently.
>
> When after-school services are unavailable and parents have to arrange for their children to be cared for by older siblings or the children stay at home alone, parent absenteeism rates are the highest for mothers and fathers alike.
>
> The Portland study also found that 47 percent of women employees and 28 percent of men employees with children under age 12 reported stress due to their child care arrangements. This was not related to their level of income or the ages of their children.

> Two studies at major corporations in the East, found that the more frequently child care arrangements broke down, the more likely workers were to be stressed out and in bad health. In one study, done at Bank Street College, the instability of child care was found to be a more significant predictor of ill health for women with children under the age of 18 than most other aspects of their jobs. For men it was the second best predictor of ill health, after having a nonsupportive supervisor.
>
> A study of 5,000 workers at five corporations in the midwest found that 58 percent of the women workers and 33 percent of the men with young children felt that their child care concerns affected their time at work in unproductive ways.

Galinsky and Friedman (1986) conclude that adequate child care is becoming increasingly more difficult to find and parents many times must piece together arrangements which may mean placing children from one family in separate child care settings. These arrangements are subject to change or break down without warning.

In conclusion, research shows that the working parent is being faced with a very difficult dilemma, "Who will care for my child?" Employers are finding this concern greatly affects employee job performance. With the increasing number of women entering the labor force, many of them single parents, employers are recognizing the need to assist employees by providing child care services at the work site.

Chapter 3

GOALS AND OUTCOME OBJECTIVES

The following goal was projected for this practicum: Over a period of ten weeks, 40 percent of the children in the target group will be placed in alternative child care settings as determined by a survey of those children on the on-site child care center's waiting list.

Rationale

The goal was based on the need of hospital employees to locate alternative care for their children until a position became available for them in the on-site child care center. Since several parents were expected to rely on family members or friends to assist with child care arrangements, referral services estimated that 40 percent of the target group would require assistance from an outside source to help place their children in temporary child care settings.

Evaluation of the selected course of action was determined from a follow-up survey of those on the waiting list who requested immediate (ASAP) placement in the on-site center. This survey was taken at the end of a ten-week implementation period.

Chapter 4

SOLUTION STRATEGIES

Information Collection

In determining how best to assist those employees on the waiting list who were in immediate need of child care, three child care resource and referral agencies were contacted; Child Care Connection in Broward County, Child Care Resource and Referral in Palm Beach County, and Metro Dade Child Development Services Resource and Referral. Each of these agencies provided information concerning child care services in their community and distributed listings of licensed child care centers and family day care homes free of charge to parents. They also offered a Child Care Assurance Plan for employers.

The Child Care Assurance Plan was started by Phoebe Carpenter, director of the Community Coordinated Child Care (4-C) of Central Florida and president of the Florida Association of Child Care Resource and Referral Agencies (FACCRRA). As described in the FACCRRA brochure:

> Under the Child Care Assurance Plan, companies pay a portion of the cost of Child Care for their employees through the contracting Resource and Referral Agency.

The plan varied from company to company and from agency to agency. Lee Albee, director of Child Care Resource and Referral (CCRR) explained that her agency charges ten

dollars per employee (based on the total number of employees in the company) for the service. The service included staff time in locating care, follow-up, and training and education of parents. CCRR was started by Work/Family Directions, Inc., a Boston-based consulting firm, through a contract with International Business Machines Corporation (IBM) to assist employees transferring into the Boca Raton area. This program, begun in 1984, was part of a nationwide IBM resource and referral service which is available to more than 200,000 employees throughout the United States. According to Galinsky (Galinsky and Friedman, 1986: 31):

> The network provides guidance to parents in locating and selecting available child care. Overall, the network has had over 15,000 requests from IBM parents to help them find child care for their children.

Joyce McCalla, director of Metro Dade Child Development Services Resources and Referral (CDS), explained that her agency which contracted with several Dade County-based companies, offered many different plans depending on how much support the company wanted to provide to employees for child care. Some companies paid 100 dollars per employee who utilized the resource and referral service. Others offered "cafeteria style" benefits to their employees, offering a dental insurance, health insurance, and child care package. These companies paid 25 to 100 percent of the employee's child care costs and contracted with the agency to locate care for the child in a licensed child care center or family day care home. CDS charged the company an additional 20 dollars per child per month for the service.

The agency monitored these centers and family day care homes and evaluated them periodically to insure the child was placed in a quality child care setting.

Nancy Fredricks and Anita Brest, corporate specialists for the Child Care Connection, Inc., worked closely with Broward County corporations through the Child Care Assurance Plan. The specialists explained that many companies employed people from more than one county. Oftentimes Child Care Connection would subcontract with an agency in another county to assist employees in locating child care near their homes. The company was charged an additional ten dollars per child if the agency had to subcontract.

Fredricks and Brest explained that Child Care Connection also provided a corporate child care information and referral service. This service, in addition to providing computer printouts of child care centers and information concerning what to look for when searching for a quality child care setting, searched for center openings and even recruitd family day care homes by running advertisements in the local newspapers for the type of care needed. Cost for this service varied.

The three resource and referral agencies discussed also provided the following services:

Parent support services; such as workshops and support groups.

Parenting skills classes.

Needs assessment and surveys.

Technical assistance to providers.

Recruitment, training and development of more child care providers.

Child advocacy with legislators and planners.

Computerized data analysis.

Technical services for job referrals.

(Florida Association of Child Care Center Resource and Referral Agency brochure, undated)

Resource and referral agencies vary in structure, operation, and the type of services provided (Dawson and others, 1984). The Child Care Resource and Referral, Inc., for example, started a Substitute on Standby (SOS) program which recruited, trained, and provided substitutes for child care centers with absent employees; the Child Care Connection managed on-site or near-site employer-sponsored child care centers; and the Metro Dade Child Development Services started a Teenage Mother Program to train teens in parenting skills.

According to Dawson and others (1984: 61), "Some (agencies) merely offer objective information on child care availability, some also provide qualitative remarks about services." Lee Albee maintained that it was inappropriate for an agency to recommend a child care center. "Who are we to decide what is right for another person?" she asked. Albee also explained the liability considerations of recommending a provider to a parent or, in the case of the provider, not recommending one. Cook (1985: 108) explains, "I&R efforts have sometimes been charged with

discrimination, and there are serious questions regarding the responsibilities inherent in the role of referral."

In 1983 Portland, Oregon corporations and public employers contracted with the Child Care Coordinating Council (4-C), a nonprofit agency, to provide child care information, advice and consultation, referral, resource development, planning, and seminars and to evaluate employee child care needs. The program, called Community Shares, was established to develop "alternative financing from public and private employers for a needed human service." (Emlen and others, 1985: 4) This program and others like it are reported by Emlen and others (1985: 5,6) to be successful because they:

Make it easier for parents to locate child care.

Stimulate competition among providers.

Reduce the over-crowded resources by "distributing the demand across an adequate supply of providers."

Make family day care homes more visable and accessible.

Assist employers to maintain a more productive and stable workforce.

Friedman (1983) cited a study by Project Connections which revealed that in 1980 there were 6,390 organizations in the United States providing some child care information and referral services. Only 4.1 percent of these agencies received financial assistance from industry.

Friedman (1983) also reported that employers use child care information and referral services in many different ways. For example, Gillette Company of Boston utilizes a

telephone hotline to a Boston-area information and referral agency. Others organize their own in-house information and referral service by hiring an individual to provide child care information to employees. This service is usually operated through the personnel department or through an employee assistance program. Steelcase, Inc. in Grand Rapids, Michigan and Lincoln National Life Insurance,Inc. in Fort Wayne, Indiana utilize this type of service.

Solution Strategy

The on-site child care center was approximately 40 percent subsidized by the medical center. Therefore, cost of the supplemental program for placing the children on the waiting list in temporary, alternative child care was a factor. The medical center administration was not willing to pay an outside agency to locate child care for their employees when they already sponsored an on-site center for them at a considerable cost to the medical center. The author and manager of the on-site center had past experience in working with a child care resource and referral agency, taught adult education courses for parents in child development, and held seminars for parents in locating and identifying quality child care settings. As past director of church-affiliated, private (for-profit), and corporate child care centers, the manager had sufficient background for providing information to parents concerning child care.

Upon the recommendation of the child care center manager, the hospital administration decided that an

in-house child care information and referral service would be established. This service would assist parents in locating appropriate child care near their homes or near the work site. It would be operated out of the on-site child care center by the manager of the facility.

Implementation Plan

A survey (Appendix A) was taken of all parents on the waiting list who had specified that they needed child care as soon as possible (ASAP). The survey determined if they needed assistance from the service, what type of care they preferred (center-based or family day care home), and if they required care near the home or work site.

The manager referred parents to the public information and referral service operated by the CCRR agency in their county if they preferred care near their homes. The agency provided to them, free of charge, listings of centers and family day care homes near their home. The manager served as a resource person. Assistance was given to parents when assessing a specific center to determine if it met their children's developmental, emotional, and physical needs.

For parents preferring care for their children near the work site, a visit was made to all of the child care centers which were located within five miles of the medical center. Information was gathered, and a list was compiled of these centers with specific information about the centers which helped the parents focus on those centers which best met their needs.

The manager described to the other center directors the problem of placing children on the on-site center's waiting list and recruited their assistance by asking them to notify the center when they had positions available. If their rates were higher, the local centers were encouraged to provide temporary care for medical center employee's children on the waiting list at the same weekly rate as the on-site center. The local Jewish community center set a special rate for hospital employees which were on the on-site center's list.

The parents requesting written information were given a detailed listing of all child care centers located within five miles of the work site. The following information was provided for each center:

Name of the Center

Address

Telephone Number

Contact Person (Director)

Age Range

Licensed Capacity

Days and Hours of Operations

Tuition

Other considerations (special programs, religious and academic philosophies, meals and snacks served, etc.)

Verbal information was provided to parents in selecting a "quality" child care setting. An information brochure entitled "Day Care: Finding the Best Child Care For Your

Family" was ordered from the American Academy of Pediatrics for distribution to the employees utilizing the service in the future.

The in-house service only provided information concerning child care centers near the work site. Those requesting information concerning family day care homes and child care centers near their homes were referred to the local public resource and referral agency. The service only referred employees to licensed centers and no recommendations were made for specific centers. The manager provided information but did not give opinions or make qualitative statements about the centers.

A log (Appendix B) was kept for each employee receiving information from the service. The log served to document the type of information given to the parent and outlined the specific child care needs of the family. This data helped to determine the overall effectiveness of the service in the assisting those in the target population.

The follow-up survey (Appendix C), taken at the end of the ten-week implementation period, was used to determine the percentage of families who were assisted by the service in locating alternative child care. This served as the evaluation procedure for the practicum and the in-house child care information and referral service.

Chapter 5

RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

At the end of a ten-week implementation period a follow-up survey of the target population was taken and showed that the objective for the in-house child care information and referral service was met. At the beginning of the implementation a survey was taken of 32 employees on the waiting list to enter the on-site child care center and who specified they required placement as soon as possible. Of this number, 19 were satisified with their existing child care arrangements until a position became available in the center. The remaining 13 requested information concerning child care near their homes or near the work site. Of these 13 employees, six placed their children with a child care provider referred by the service. One parent chose a provider near home which was referred by the local child care resource and referral agency whose phone number was provided by the service. The remaining five chose child care centers near the work site. This constituted 46 percent of the target population. The objective for the service was to place 40 percent of this group.

During the implementation period three additional referrals were made to parents who were ineligible for the child care center. One referral was for an infant stimulation program (Mommy and Me) and two others were for

local child care centers. All three outside referrals were placed through the service.

Of the remaining seven employees: three elected to stay home with their children; one selected an in-home provider; two placed their children in family day care homes referred to them by friends; and one chose a child care center recommended by a co-worker.

In the follow-up survey parents who utilized the service were asked if they were satisfied with the services received. All of those surveyed responded affirmatively.

When asked if they contacted any of the providers referred to them by the service, 77 percent said they did contact the providers. Of these, all had made the contacts within one week of receiving the referrals.

When asked to comment on the services they received, all of the parents responding said the information they received was very helpful. One parent suggested that the service be more selective when giving a listing of child care centers to employees because many of the centers on the list did not meet the same high standards of quality of care set by the on-site center. This parent recommended that each center be evaluated and rated according to certain criteria established for assessing quality of child care to further assist employees in determining which centers offer the best care. It was also suggested that the service only provide information about those centers which currently have

openings, thus, helping parents focus on the centers which would be able to meet their needs.

Because of liability concerns, it was decided not to evaluate the centers or to make value judgements when referring employees to child care providers. In the future, the service may contact providers prior to distributing the complete list of near site child care centers and notify employees as to which of those listed have openings.

Follow On

The in-house information and referral service is expected to become a permanent addition to the medical center's employee benefits package. It may be expanded in the following ways:

- To provide information and referrals to those who are not eligible for the on-site child care center and to those employees who prefer child care near their homes.
- Parenting workshops might be provided periodically during lunch time in the cafeteria to train employees in areas, such as child development or discipline, as well as giving child care information.
- To provide information concerning other programs of interest to parents such as Infant Stimulation Classes ("Mommy and Me"), early childhood conferences and lectures.
- A local child care center directors association may be formed so that area centers can network and share information, as well as notify each other when

positions become available for possible placement by those on other centers' waiting lists.

Other companies may find that their employees prefer family day care homes for their children if on-site child care centers are not available and may expand their referral services to include recruitment and training of family day care homes. This was the case with Steelcase, Inc. and Lincoln National Life Insurance, Inc. when upwards of 90 percent of the referrals made through their in-house information and referral services in 1988 were for family day care homes. Perhaps because the hospital employees who represented the target group were interested in preparing their children to attend the on-site child care center, they expressed a much greater preference for center-based rather than home-based care for their children.

Other corporations may use this type of service in lieu of an on-site child care center because of the low cost to the employer and employee. Other child care centers may add this service if they have long waiting lists or may elect to provide only the information service without the referral aspect.

REFERENCES

Cook, Jackqueline T. Child Daycare. Edmunds Enterprises. Oakland, California: 1985.

Dawson, Ann Gilman, et.al. "An Experimental Study of the Effects of Employer-Sponsored Child Care Service on Selected Employee Behaviors." C.S.R., Inc.; Foundation for Human Services Studies, Inc. Chicago: August 6, 1984.

Emlen, Arthur, et.al. "Community Shares: Corporate Financing of a Child Care Information Service. A Final Report (Revised Edition)." Child Coordinating Council, Portland State University. Oregon Regional Research Institute for Human Services. Portland: October 1983.

Friedman, Dana E. "The Challenge of Employer-Supported Child Care: Meeting Parent Needs." ERIC Clearinghouse on Elementary and Early Childhood Education. Urbana, Illinois: 1983.

Galinsky, Ellen, and Dana E. Friedman. "Investing in Quality Child Care: A report for AT&T." Bank Street College of Education. New York: 1986.

Seigle, Patty, and Merle Lawrence. "The Role of Child Care Delivery Systems," Making Daycare Better. Teachers College Press. Unknown: 1983.

CHILD CARE
INFORMATION & REFERRAL SERVICE
Appendix A

WAITING LIST SURVEY

1. Parent Information:

   Name_____

   Address_____

   Department_____

   Position_____

   Extension_____

2. Child's Information:

   Name_____

   Birthdate_____

3. You indicated that you require child care at this center ASAP.

   The on-site child care center cannot place your child at this time. Are you interested in alternative child care until a position becomes available?

   Yes____ No____

4. Would you like assistance locating child care?

   Yes____ No____

5. What type of care would you prefer?

___ Child Care Center

___ Family Day Care Home

___ In-home Care

6. Do you want child care near your home or near the work site?

___ Home

___ Work Site

CHILD CARE
INFORMATION & REFERRAL SERVICE
Appendix B

LOG

1. Employee's Name_____

   Address_____

   Home Phone_____

   Work Extension_____

   Department_____

2. Child's Name_____

   Child's Birthdate_____

   Type of Care Preferred_____

3. Date of Initial Contact_____

   Information Given_____

4. Additional Contacts_____

Date	Information Given

CHILD CARE
INFORMATION & REFERRAL SERVICE
Appendix C

FOLLOW-UP SURVEY

1. In your contact with the Information and Referral (I&R) Service, what kinds of services did you receive? (Check all that apply.)

	Service	Were You Satisfied?	
____	Advice about how to select a child care provider	Yes	No
____	Advice about child development or other related topics	Yes	No
____	Names of child care providers	Yes	No
____	Referral to other services or community programs	Yes	No
____	Written information	Yes	No
____	Other_____	Yes	No

2. If you received the names of one or more child care providers from I&R, please answer the following questions: (Circle the response.)

   a. Did you contact any of the providers suggested by I&R?

      1. Yes, within a day
      2. Yes, a day or so later
      3. Yes, a week or so later
      4. Yes, several weeks later
      5. No, I did not

b. Did you place your child with a provider suggested by I&R?

1. Yes

2. No

c. Did you place your child with a provider who was not suggested by I&R?

1. Yes

2. No

d. If you placed your child with a provider who was <u>not</u> suggested by I&R, how did you find this provider? (i.e. through a co-worker, church, etc.)

_____

4. Any comments or suggestions about the services that you received?

Thank you for your cooperation.

(Adapted from the Regional Institute for Human Services Portland State University Client Survey for the 4C's Community Shares Program, Portland, Oregon)